



# CLASS I LICENSE APPLICATION

## CITY OF SAINT PAUL

Office of License, Inspections  
and Environmental Protection

350 St. Peter St. Suite 300  
Saint Paul, Minnesota 55102  
(612) 266-9090 fax (612) 266-9124

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC

PLEASE TYPE OR PRINT IN INK

Type of License(s) being applied for: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Corporation / Partnership / Sole Proprietorship

If business is incorporated, give date of incorporation: \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City state zip

Between what cross streets is the business located \_\_\_\_\_ Which side of the street? \_\_\_\_\_

Are the premises now occupied? \_\_\_\_\_ What Type of Business? \_\_\_\_\_

Mail To Address: \_\_\_\_\_  
Street Address City State zip

Applicant Information:

**Name** and Title: \_\_\_\_\_  
First Middle (Maiden) Last Title

Home Address: \_\_\_\_\_  
Street Address City State zip

Home Phone: \_\_\_\_\_

**Are** you going to have a manager or assistant **in this business?** \_ YES \_ NO If the manager is not the same as the operator, please complete the following information:

\_\_\_\_\_  
First Name Middle Initial (Maiden) Last

\_\_\_\_\_  
Home Address Street Name City state Zip Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER - Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes,
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Saks&Use Tax Number) maybe obtained from the State of Minnesota, Business Records Department, 10 River Park Plaza (612-296-6181).

Social Security Number: \_\_\_\_\_

Minnesota Tax Identification Number: \_\_\_\_\_

\_\_\_\_\_ If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the box.

**CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182**

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_ Coverage from \_\_\_\_\_ to \_\_\_\_\_

I have no employees covered under workers' compensation insurance \_\_\_\_\_

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED  
WILL RESULT IN DENIAL OF THIS APPLICATION**

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, byway of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise maybe inspected by police, fire, health and other city officials at any and all times when the business is in operation.

\_\_\_\_\_  
Signature (REQUIRED for all applications)

\_\_\_\_\_  
Date

**\*\*Note:** If this application is Food related please contact a City of Saint Paul Health Inspector, Steve Olson (266-9139), to review operations.

If any substantial changes to structure are anticipated, please contact a City of Saint Paul Plan Examiner at 266-9007 to apply for building permits.

If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at 266-9008.

**FOR SPECIFIC APPLICATION REQUIREMENTS, PLEASE SEE NEXT PAGE**

**Additional application requirements. If applying for-**

**Amusement rides**, please attach proof of insurance coverage of \$1,500,000 public liability for **injuries** or damages to persons or property. And, copy of electrical permit.

**Broadcasting vehicle**, please attach proof of insurance coverage of \$100,000 for liability of bodily injuries to or death of any persons, and \$20,000 against liability of damage to or destruction of property, proof of nonprofit status; and information of type and kind of sound making or broadcasting device.

**Christmas trees**, application must be filed prior to November 1. (NOTE: The trees must be taken down on or before January 9)

**Cigarette**, please provide information of type of sale: by machines (number of machines) or counter sales.

**Food vending machine**, please provide the following information: Business name and address of machine location, type of machine, and number of machines at each location.

**Lawn fertilizer/pesticide** please provide the name and State of Minnesota License Number of employees applying pesticides to lawns.

**Mechanical amusement device and/or Music Machine**, please provide the following information: name of machine, list price, machine location (business name & address).

**Peddler**, please provide information of goods to be sold.

**Pest control**, please attach proof of insurance coverage for \$1 00,000/\$200,000 personal injury or accidental death, and \$10,000 property damage.

**Restaurant**, please see attached "Restaurant **Classification**" application.

**Rooming and/or boarding house-supervised**, please attach proof of insurance coverage for \$300,000 general liability single limit coverage, per occurrence, for injuries or damages to persons or property.

**Second hand dealer-exhibition**, please attach \$5,000 bond, and list of locations of estate sales.

**Sidewalk cafe**, please attach **proof** of insurance of \$500,000 general liability per occurrence with the City of Saint Paul named as an additional insured and must show that the coverage extends to the area used for the sidewalk cafe.

**Solicitor**, please attach \$1,000 Surety bond.

**Solid fuel dealer**, please attach proof of insurance per vehicle of \$5,000 property damage or a surety bond in the amount of \$5,000 conditioned that the licensee shall pay any and all final judgements for damage to property, public or private.

**Solid waste transfer station**, please attach proof of insurance of \$100,000/\$200,000 personal injury or accidental death, and \$50,000 property damage.

**Tanning facility**, please provide the following **information** portion of the building to be used as a tanning facility, type of business tanning facility is operating in conjunction with (if applicable), list of tanning equipment (manufacturer's name, model number, type: booth, bed, canopy, etc., year manufactured, number in establishment).

**Tree trimmer**, please attach proof of insurance of \$10,000 bodily injury, and \$5,000 property damage.

**Vehicle**, please provide the following **information**: Type of merchandise **delivered**; estimated number of loop deliveries daily, vehicle make, model, year, and license plate number.

**Window cleaning** please attach proof of insurance of \$25,000/\$ 100,000 personal injury or accidental death